

**EOF ON-LINE SUPPLEMENTAL ROSTER  
SYSTEM CERTIFICATION**  
EDUCATIONAL OPPORTUNITY FUND  
Commission on Higher Education  
PO 542  
Trenton, New Jersey 08625

# FAX

No cover page needed. Certifications received after 3:00 pm will not be processed.  
Original must be mailed to the Commission/EOF Office within one week of processing.

**FAX TO: Mary Alice Everett, Program Technician**  
**FAX #: (609) 633-8420      PHONE #: (609) 984-2800**

**FROM: Institution:** \_\_\_\_\_  
**Code:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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I hereby certify, as a representative of the educational institution named above, that this roster has been processed in accordance with instructions provided and that payments requested for eligible students are in compliance with the Educational Opportunity Fund Regulations. Students on this roster meet the standards of academic performance and progress required by this institution.

\_\_\_\_\_  
(EOF Director - Signature)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(EOF Director - Print)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Financial Aid Director - Signature)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(Financial Aid Director - Print)

\_\_\_\_\_  
(Date)